24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	LIVI EXPEND	TIONES		PAGE 1 OF 5 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Patient	Protoction			FEC IDENTIFICATION NUMBER ▼	
National Nuises Office for Fatient	Protection			C C00490375	
Check if 24-hour report 48-hour report New report Amends report filed on					
Full Name of Payee Campaign Workshop				of Public Distribution/Dissemination	
Mailing Address 1129 20th Street, Suite 200			Amou		
City	State	Zip Code	— r	41000.00	
Washington	DC	20036		action ID : D711490 of Disbursement or Obligation	
Purpose of Expenditure Printing		Category/ Type	М	03 25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
Name of Federal Candidate		Support	Office Sough	t: House District:00	
Bernie Sanders		Oppose	X Preside		
Calendar Year-To-Date Per Election for Office Sought	.,,	598803.25	Disbursemen 2016 O	t For:	
Full Name of Payee Outfront Media				of Public Distribution/Dissemination	
Mailing Address 185 US Highway 46			Amou	04 25 2016 nt	
City	State	Zip Code		9375.00	
Fairfield	NJ	07004		ction ID: D712982 of Disbursement or Obligation	
Purpose of Expenditure Billboard		Category/ Type	N	04 01 2016	
Name of Federal Candidate		X Support	Office Sough	t: House District: 00	
Bernie Sanders		Oppose	X Preside		
Calendar Year-To-Date Per Election for Office Sought		598803.25	Disbursemen 2016 O	t For: X Primary General ther (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expendent	ditures			50375.00	
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •		
(c) TOTAL Independent Expenditures			· [7 7 7	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Martha Kuhl Signature	[Electron	nically Filed] Date	e 04	25 2016	
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	Fileduic E			FOR SE OF	FORM 24/48	
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection					ON NUMBER ▼	
IN	lational Nurses United for Patient Protection		С	C00490375		
Ch	neck if 24-hour report 48-hour report New report Amends re	eport filed on	M = M	/ D D /	Y = Y = Y = Y	
	Full Name of Payee	Da	te of Pub	lic Distribution	/Dissemination	
	Outfront Media		M M M 04	25	2016	
	Mailing Address 185 US Highway 46	Am	ount			
	City State Zip Code	— r			500.00	
	Fairfield NJ 07004			Transaction ID : D712983 Date of Disbursement or Obligation		
	Purpose of Expenditure Billboard Category/ Type		M M M 04	/ D D / 04	2016	
	Name of Federal Candidate Support	Office Sou	ıght:	House	District:00	
	Bernie Sanders Oppose	X Pres	sident	Senate	State: CA	
	Calendar Year-To-Date Per Election for Office Sought 598803.25	Disbursen 2016		X Primary	General	
	- Or Elisation for Strings		Other (s	specify) 🕨		
	Full Name of Payee Latino Print Network	Da	M = M	/ D D /	/Dissemination	
	Mailing Address 3445 Catalina Dr	Am	04 nount	25	2016	
	City State Zip Code	— г			37500.00	
	Carlsbad CA 92010			ID : D712985		
	Purpose of Expenditure Advertising Category/	Da	M = M	bursement or (Y Y Y Y	
	Advertising Type		04	08	2016	
	Name of Federal Candidate Support	Office So	ught:	House	District: 00	
	Bernie Sanders Oppose	X Pre	sident	Senate	State: CA	
	Calendar Year-To-Date Per Election for Office Sought 598803.25	Disbursen 2016		Primary specify)	/ General	
	(a) SUBTOTAL of Itemized Independent Expenditures		-		38000.00	
(b) SUBTOTAL of Unitemized Independent Expenditures						
	(c) TOTAL Independent Expenditures	····· •		7		
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	Martha Kuhl [Electronically Filed]	ate 04	/ 25	D / Y Y 201	6	
	Signature	u.o				
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	FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full) National Nurses United for Patient Protection	FEC IDENTIFICATION NUMBER ▼				
National Nuises Officed for Fatient Protection	C C00490375				
Check if 24-hour report 48-hour report New	report Amends report filed on Amends report				
Full Name of Payee	Date of Public Distribution/Dissemination				
Outfront Media	04 / 25 / 2016				
Mailing Address 185 US Highway 46	Amount				
City State	Zip Code 39752.50				
Fairfield NJ	07004 Transaction ID : D712981 Date of Disbursement or Obligation				
Purpose of Expenditure Billboard	Category/ Type 04 13 2016				
Name of Federal Candidate	Support Office Sought: House District: 00				
Bernie Sanders	Oppose President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary General 2016 Other (specify) ▶				
Full Name of Payee Campaign Workshop	Date of Public Distribution/Dissemination				
Mailing Address 1129 20th Street, Suite 200	04 25 2016 Amount				
City State	Zip Code 470513.75				
Washington DC	20036 Transaction ID : D712984 Date of Disbursement or Obligation				
Purpose of Expenditure Printing	Category/ Type Category/ 18 Category/ 18 Category/ 2016				
Name of Federal Candidate	Support Office Sought: House District: 00				
Bernie Sanders	Oppose President Senate State: CA				
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2016 ☐ Other (specify) ►				
(a) SUBTOTAL of Itemized Independent Expenditures	510266.25				
(b) SUBTOTAL of Unitemized Independent Expenditures					
(c) TOTAL Independent Expenditures	······································				
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Martha Kuhl [Elec	ctronically Filed] Date 04 25 2016				
Signature					

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	include Ly	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
IN	ational Nurses United for Patient Protection	C C00490375		
Che	eck if X 24-hour report 48-hour report New report Amends report filed	i on Mam / Dad / Yayayay		
7	Full Name of Payee	Date of Public Distribution/Dissemination		
	Bus Bank	04 25 2016		
	Mailing Address 820 West Jackson	Amount		
	Suite 815			
	City State Zip Code Chicago IL 60607	5878.26 Transaction ID : D712986 Date of Disbursement or Obligation		
	Purpose of Expenditure Travel Category/ Type	04 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	Name of Federal Candidate Support Office	e Sought: House District: 00		
	Damie Condon	President Senate State: MD		
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016			
	Tel Election for Cinec Googni	U Other (specify) ►		
	Full Name of Payee National Nurses United	Date of Public Distribution/Dissemination O4 22 2016		
	Mailing Address 155 Grand Avenue	Amount 22 2016		
	City State Zip Code	100.00		
	Oakland CA 94612	Transaction ID : D712987 Date of Disbursement or Obligation		
	Purpose of Expenditure Online Ad Category/ Type	04 25 2016		
	Name of Federal Candidate Support Office	e Sought: House District: 00		
		President Senate State: DC		
	Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For:		
	(a) SUBTOTAL of Itemized Independent Expenditures	5978.26		
(b) SUBTOTAL of Unitemized Independent Expenditures				
((c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
	Martha Kuhl [Electronically Filed] Date	04 25 2016		
_	Signature			
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oureduic L)		FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	EC IDENTIFICATION NUMBER ▼			
National Nurses United for Patient Protection		C C00490375		
Check if 24-hour report 48-hour report New report	Amends report filed on	M / D = D / Y = Y = Y = Y		
Full Name of Payee	Date of	Public Distribution/Dissemination		
National Nurses United	M 0	4 23 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 155 Grand Avenue	Amount			
City State Z	ip Code	162.00		
		ction ID : D712994 Disbursement or Obligation		
Purpose of Expenditure Payroll	Category/			
Name of Federal Candidate	Support Office Sought:	House District: 00		
Bernie Sanders	Oppose Presiden			
Calendar Year-To-Date Per Election for Office Sought	Disbursement 2016 Oth	For:		
Full Name of Payee	Date of	Public Distribution/Dissemination		
Mailing Address	Amount			
City State 2	ip Code			
	Date of	Disbursement or Obligation		
Purpose of Expenditure	Category/ Type	M / D D / Y = Y = Y		
Name of Federal Candidate	Support Office Sought:	House District:		
	Oppose Presiden			
Calendar Year-To-Date Per Election for Office Sought	Disbursement	For: Primary General		
. or Election for Onice Sought	Oth	ner (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	······································	162.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	· [604781.51		
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Martha Kuhl [Electronic		25 2016		
Signature				

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